

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35226  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis,  
(b) Township Annahme,  
(c) City Annahme,

Registration District No. 785  
Primary Registration District No. 6031

Registered No. 130

(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mable Shepherd Nidelet,  
Chesterfield, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Stephen J. Nidelet.  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1885

7. AGE YEARS 51 MONTHS 9 DAYS 13 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. own home  
10. Date deceased last worked at this occupation (month and year) July 1, 1937 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Ind.

FATHER  
13. NAME Wm. J. Shepherd,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER  
15. MAIDEN NAME Mary Means,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Stephen H. Nidelet  
Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept 27, 1937

19. FUNERAL DIRECTOR (ADDRESS) Schradel Funeral Home  
Ballwin, Mo.

20. FILED 9-25-37 Agnes Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Sept 24, 1937  
I last saw her alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Essential Hypertension

Name of operation..... Date of.....  
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Henry F. Scott, M. D.  
(Address) Ballerwin Mo.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

Theo. Schrader,

No. 3066 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Theo. Schrader

Licensed Embalmer No.

3066

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**